

February 29, 2008

Missouri Department of Natural Resources Hazardous Waste Program Biennial Report PO Box 176 Jefferson City, MO 65102

Dear Sir or Madam:

Enclosed please find the 2008 biennial report for Reliable Biopharmaceutical Corporation.

If you have any questions, please do not hesitate to call me. I can be reached at (314) 429-7700 Ext 158.

Sincerely,

Charles Wisdom EHS Manager

Reliable Biopharmaceutical Corporation

Enclosure

MAR 03 2008

482637 RCRA

1 0 APR 2008

OMR# 2	050-0024	Evpires	4 -	120	1/2nnc

SEND COMPLETED FORM TO:	United States Environmental Protection Agency  MAR 0 3 2008						
The Appropriate State or EPA Regional Office	RCRA SUBTITLE C SITE IDENTIFICATION FORM						
1. Reason for Submittal (See instructions on page 9)  MARK ALL BOX(ES) THAT APPLY	Reason for Submittal:  To provide Initial Notification of Regulated Waste Activity (to obtain an EPA ID Number for hazardous waste, universal waste, or used oil activities)  To provide Subsequent Notification of Regulated Waste Activity (to update site identification information)  As a component of a First RCRA Hazardous Waste Part A Permit Application  As a component of a Revised RCRA Hazardous Waste Part A Permit Application (Amendment #)  As a component of the Hazardous Waste Report						
2. Site EPA ID Number (page 10)	EPA ID Number  LM	15 10 1 9	9.2				
3. Site Name (page 10)	Name:  Reliable Biopharmace	utical	Corporation				
4. Site Location Information (page 10)	Street Address: 1945 Walton R City, Town, or Villages St. Louis	State: MO					
	County Name: St. Louis	Zip Code: 63114-0192					
5. Site Land Type (page 10)	Site Land Type: ☼ Private □ County □ District □ Federal □ Indian □ Municipal □ State □ Other						
6. North American Industry Classification	A. 325411	В.					
System (NAICS) Code(s) for the Site (page 10)	c.	D.					
7. Site Mailing	Street or P. O. Box: PO Box 1401	92					
Address (page 11)	City, Town, or Village: St. Louis						
	State: MO						
	Country: USA		Zip Code: 63114-0192				
8. Site Contact Person	Charles Phone Number: Extension	MI: E	Last Name: Wisdom				
(page 11)	314-429-7700	158	E-mail address: cwisdom@reliablebiopharm.com				
9. Operator and Legal Owner	A. Name of Site's Operator:		Date Became Operator (mm/dd/yyyy):				
of the Site	Reliable Biopharmaceutical		1968				
(pages 11 and 12)	Operator Type: Private County District		□ Indian □ Municipal □ State □ Other				
	B. Name of Site's Legal Owner: MEDOP Pa	rtners	Date Became Owner (mm/dd/yyyy):				
EPA Form 8700-13 A/B (	Owner Type: ★Private □ County □ District □ Revised 09/2007)	_ rederal [	Indian   Municipal   State   Other				

EPA ID NO: M, OD, 98, 5, 80, 5, 0,9, 2

OMB#: 2050-0024 Expires 11/30/2009

9. Legal Owner (Continued)	Street or P. O. Box:		CMB 2000 0024 Expires 11/30/2009
Address	PO Box 140192		
	City, Town, or Village: St. Louis		
	State: MO		
	Country: USA		Zip Code: 63114
40 7 65			2.0000. 03114
	for all activities; complete any additional boxe	es as instructed	. (See instructions on pages 13 to 16.)
A. Hazardous Wa all parts for 1 t	ste Activities Complete hrough 6.		
Y□N□ 1. Generator of If "yes", cho	Hazardous Waste ose only one of the following - a, b, or c.	Y □ N\Q X 2.	Transporter of Hazardous Waste
	Greater than 1,000 kg/mo (2,200 lbs./mo.) of non-acute hazardous waste; or	Y 🗆 NXXX3.	Treater, Storer, or Disposer of Hazardous Waste (at your site) Note: A hazardous waste permit is required for this activity.
	00 to 1,000 kg/mo (220 - 2,200 lbs./mo.) of non-acute hazardous waste; or	Y 🗆 NXO 4.	Recycler of Hazardous Waste (at your site)
□ c. CESQG	: Less than 100 kg/mo (220 lbs./mo.) of non-acute hazardous waste	Y□N∑ 5.	Exempt Boiler and/or Industrial Furnace If "yes", mark each that applies.
In addition, indicate other generator activities.			☐ a. Small Quantity On-site Burner  Exemption
Y □ N ໕d. United States Importer of Hazardous Waste			□ b. Smelting, Melting, and Refining
Y□N Re. Mixed W	aste (hazardous and radioactive) Generator	Y□N⊠ 6.	Underground Injection Control
B. Universal Waste A	activities		d Oil Activities
/ DNEM. Large Quantity Handler of Universal Waste (accumulate 5,000 kg or more) [refer to your State regulations to determine what is regulated]. Indicate the types of universal waste managed at your site. Mark all boxes that apply:  Managed		Y = N & 1. U	k all boxes that apply.  sed Oil Transporter  if "yes", mark each that applies.  a. Transporter  b. Transfer Facility
a. Batteries	0	Y D N 2 2. U	sed Oil Processor and/or Re-refiner
b. Pesticides		lf lf	"yes", mark each that applies.
c. Thermostats		1	a. Processor b. Re-refiner
d. Lamps		"	b. Re-renner
e. Other (specify	′)	Y D N 23. 0	ff-Specification Used Oil Burner
f. Other (specify	)	YONEX. Us	sed Oil Fuel Marketer
g. Other (specify	)	il II	f "Yes", mark each that applies.
Note: A hazardou	cility for Universal Waste us waste permit may be required for this activity.		a. Marketer Who Directs Shipment of Off-Specification Used Oil to Off-Specification Used Oil Burner b. Marketer Who First Claims the Used Oil Meets the Specifications
PA Form 8700-13 A/B (Rev	ised 00/2007)		

11. Description o	of Hazardous Waste	es (See instructio	ns on page 17.)			
A. Waste Code handled at your sit page if more space	e. List them in the o	gulated Hazardou rder they are pres	is <b>Wastes.</b> Please ented in the regula	e list the waste code tions (e.g., D001, D	s of the Federal haza 003, F007, U112). U	rdous wastes se an additional
D001	D002	D009	D022	D024	D025	D028
D038	<del>D098-0</del>	F001	F002	F003	F004	F005
U031	U080	U112	U138	U154	U196	-U199Q
hazardous w	es for State-Regulat astes handled at you are needed for waste	ır site. List them i	eral) Hazardous W n the order they are	Vastes. Please list e presented in the re	the waste codes of the egulations. Use an ac	e State-regulated Iditional page if
12. Comments (Se	ee instructions on	page 17.)				
				· · · · · · · · · · · · · · · · · · ·		
	······································					17.
on my inquiry of the	a system designed to person or persons w id is, to the best of m ing false information	assure that qualing the synthemials and a synthemials and a synthemials and a synthemials are and a synthemials are and a synthemials are	fied personnel prop stem, or those per belief, true, accura	erly gather and eva sons directly respor te, and complete. I	pared under my direct cluate the information of nsible for gathering the am aware that there a owing violations.	submitted. Based
Signature of operation authorized represe		Name and Off	icial Title (type or	print)		Date Signed (mm/dd/yyyy)
KIZh	Indo	Charles E	Wisdom, E	Hs Director		02/29/200
				<del></del>	30	-
	150					

11. Description of	f Hazardous Waste	s (See instruction	s on page 17.)	cont 4)		
A. Waste Code handled at your sit page if more space	e. List them in the o	ulated Hazardous der they are prese	Wastes. Please list onted in the regulation	st the waste codes ns (e.g., D001, D00	of the Federal hazard 03, F007, U112). Use	dous wastes e an additional
<u>U213</u>	U220					
<u> </u>	0220					
D. Wester O. I.					3	
naxardous w	es for State-Regulat astes handled at you are needed for waste	r site. List them in	ral) Hazardous Was the order they are p	stes. Please list the reg	e waste codes of the julations. Use an add	State-regulated litional page if
			18			
12 Comments (S	ee instructions on	49)				
TE. Comments (S	ee instructions on p	page 17.)				
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			No. of the state o			
10.0						
on my inquiry of the information submitte	a system designed to person or persons wed is, to the best of metion ting false information	o assure that qualifi who manage the sy: ny knowledge and b	ed personnel proper stem, or those perso pelief, true, accurate	rly gather and evaluons directly respons and complete. I a	ared under my directing the information is sible for gathering the maware that there are wing violations.	ubmitted. Based
Signature of opera authorized represe	tor, owner, or an entative	Name and Offic	cial Title (type or p	rint)	1	Date Signed (mm/dd/yyyy)
					Age.	
FPA Form 8700-13	A/B (Revised 09/20	07)				<b>\</b>
/ · · · · · · · · · · · · · · · · · ·	THE INTERIOR USIZO	01)				Page 3 of 3

				OMB#: 2050-0024	4 Expires 11/30/2009
BEFORE COPYING FORM, ATTACH SITE II OR ENTER:	DENTIFICATION	LABEL			ONMENTAL ON AGENCY
SITE NAME: Reliable Biophar	maceutica	1	22	2007 Hazardou	us Waste Report
Corporation  EPAID NO: MIQDI (98 15) (80 15) (0)	921		FORM GM		ENERATION AGEMENT
Instructions: Please see the detailed instruction	ons on pages 18 to	o 26 of this boo	klet before comp	oleting this form.	
Sec. 1 A. Waste description Ignitab	le spent	solid us	sed in pu	rification	(silica gel)
B. EPA hazardous waste code [D] D] D			e hazardous was	ste code	1111
D. Source code ட்டூப்பீர் Management Method code for Source code	E. Form 6		ntity generated ir		Density  Density  Density  Density
Was any of this waste managed on site  1 Yes (CONTINUE TO ON-SITE PR  2 No (SKIP TO SEC. 3)	-				
N-SITE PROCESS SYSTEM 1	noond or	ON-SITE PRO	CESS SYSTEM	1 2 antity treated, dispose	od or
On-site Management Quantity treated, displethod code recycled on site in 20		Method code		ycled on site in 2007	ed, 01
LH1111	٠.١	LH1-1-1-1			
A. Was any of this waste shipped off sit	te in 2007 for trea			pages 25 and 26)	
B. EPA ID No. of facility to which waste was shipped	C. Off-site Manag code Shipp			y shipped in 2007	
	LH1-1-1				
Bite 2 B. EPA ID No. of facility to which waste was shipped	C. Off-site Manag code Shipp		· ·	y shipped in 2007	
ite 3 B. EPA ID No. of facility to which waste was shipped	C. Off-site Manag code Shippe	ement Method ed to		shipped in 2007	
omments:			er har mar i distillation on the con-		

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EPA Form 8700-13 A/B (Revised 09/2007)

				OMB#: 2050-0	0024 Expires 11/30/200
BEFORE COPYING FORM, ATTACH SITE OR ENTER:	FORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL RENTER:				VIRONMENTAL STION AGENCY
SITE NAME: Reliable Biopha	8	2007 Hazard	dous Waste Report		
Corporation  EPAID NO: MIODI 198 15 180 15 1	0:9 2		FORM		GENERATION ANAGEMENT
. ii		A	1		
Instructions: Please see the detailed instruc	tions on pages 18 t	o 26 of this boo	klet before com	pleting this form.	
Sec. 1 A. Waste description Ignital	ble spent	solvent	s from o	rganic rea	ctions
B. EPA hazardous waste code DOOL	D1012181	C. Sta	te hazardous wa	ste code	
D.0.3.8. DOAS 1	-1010121				
D. Source code  LGDG  Management Method code for Source co	E. Form of LW1218	1	ntity generated	in 2007 17 <sub>1</sub> 9 <sub>1</sub> 2 <sub>1</sub> 4 <sub>1</sub> .	G. UOM Sif
Was any of this waste managed on sign of the sec. 2  1 Yes (CONTINUE TO ON-SITE For 2 No (SKIP TO SEC. 3)	-				
On-site Management Quantity treated, d	isposed or	ON-SITE PRO	OCESS SYSTER	antity treated, disp	osed, or
Method code recycled on site in		Method code		cycled on site in 200	
LHI-III	١٠.١	LHTT			I. L.
A. Was any of this waste shipped off	site in 2007 for trea	tment, disposa IS COMPLETE	I, or recycling? (	pages 25 and 26)	
Site 1 B. EPA ID No. of facility to which waste was shipped	code Shipp		1	by shipped in 2007	
B. EPA ID No. of facility to which waste was shipped	C. Off-site Manag code Shipp			y shipped in 2007	
B. EPA ID No. of facility to which waste was shipped	C. Off-site Manag code Shippe			y shipped in 2007	
omments:					

Page of\_

EPA Form 8700-13 A/B (Revised 09/2007)

,				OMB#: 2050-0024 Expires 11/30/2009	
BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL DR ENTER:				U.S. ENVIRONMENTAL PROTECTION AGENCY	
SITE NAME: Reliable Biopharm	aceutical	_		2007 Hazardous Waste Report	
Corporation				OFF-SITE	
EPAID NO: M.O.D. 98.58.05.0.			FORM	IDENTIFICATION	
Instructions: Please read the detailed instruction	ons on the reverse sid	de before co	ompleting thi	s form.	
Site 1  A. EPA ID No. of off-site installation or transporter  [I, I,R, 00,0,1,07,08,6]  B. Nam				installation or transporter nvironmental Inc.	
C. Handler type (MARK ALL THAT APPLY)	D. Address of off-si				
☐ Generator	Street N	/A			
⊠ Transporter	City				
☐ TSDR facility	State Zip	) <u> </u>	ـــــا • لـــــــ	1_1	
Site 2 A. EPA ID No. of off-site installation		3. Name of	off-site insta	llation or transporter	
C. Handler type (MARK ALL THAT APPLY)	D. Address of off-site	installation			
☐ Generator	Street				
☐ Transporter	City				
□ TSDR facility	State Zip L		J		
Site 3  A. EPA ID No. of off-site installation		B. Name	e of off-site in	nstallation or transporter	
C. Handler type (MARK ALL THAT APPLY)	. Address of off-site in	nstallation			
☐ Generator					
☐ Transporter	City Zin.		<del></del> _		
□ TSDR facility	State Zip		-	1	
Site 4 A. EPA ID No. of off-site installation of	· · · · · · · · · · · · · · · · · · ·	ame of off-	site installatio	on or transporter	
C. Handler type (MARK ALL THAT APPLY)	D. Address of off-site	e installation	ו		
☐ Generator					
☐ Transporter	City				
□ TSDR facility					
Comments:					
EPA Form 8700-13 A/B (Revised 09/2007	)			Page of	

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